



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

TPA LICENSEE CHANGE OF NAME & ADDRESS FORM

RIGL27-20.7-12 (h) notification of change - Duty of License. Every licensee shall notify the commissioner of any changes in the licensee's residential or business address within thirty days of the change. Any licensee who ceases to maintain residency in this state shall deliver the insurance license to the commissioner by personal delivery or by mail within thirty days after terminating residency.

Please complete and return this form with your **Original Certificate** within thirty days of a name or address change to the Commissioner of Insurance, at the above address.

Name (as it appears on your original license)	
Federal Identification Number	
State of Domicile	

NAME CHANGE

Change of Name
From: _____ To: _____

NEW BUSINESS ADDRESS

Agency Name (If Applicable)			
Street Address		Address Line 2	
City	State	Zip Code	Date Change Becomes Effective
Business Telephone Number ()	Business Fax Number ()		Business E-Mail Address

NEW MAILING ADDRESS

Agency Name (If Applicable)			
Street Address		Address Line 2	
City	State	Zip Code	Date Change Becomes Effective
Business Telephone Number ()	Business Fax Number ()		Business E-Mail Address

You will receive a new license reflecting any change in resident address or a change in your name. A change in business address will be marked on our records.

Signature

Title

Date